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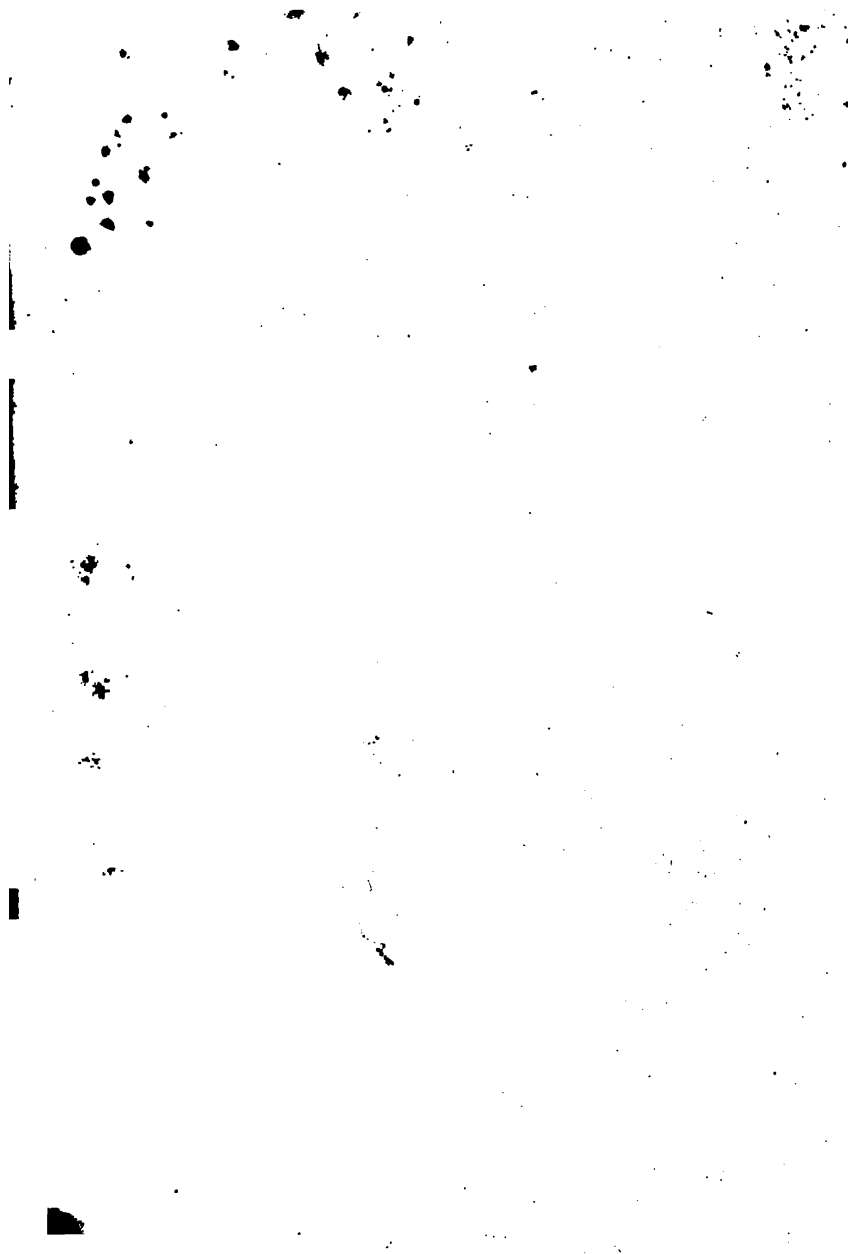
HANDBOOK
FOR
NURSES FOR THE SICK.

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HANDBOOK

FOR

NURSES FOR THE SICK.

BY

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TO
SIR WILLIAM FERGUSSON, BART., F.R.S.,
SERGEANT-SURGEON TO THE QUEEN, PROFESSOR OF SURGERY AT KING'S COLLEGE,
SURGEON TO KING'S COLLEGE HOSPITAL,
THIS BOOK
IS, WITH HIS PERMISSION,
Dedicated,
AS A MARK OF SINCERE RESPECT AND ESTEEM,
AND
IN REMEMBRANCE OF THE HAPPY TIME SPENT BY THE WRITER
IN CHARGE OF
MANY OF HIS PATIENTS
AT
KING'S COLLEGE HOSPITAL.



PREFACE.

GENERAL REMARKS.

THESE hints for nurses are neither intended for those who know nothing of their work, nor offered to those who are thoroughly proficient. To the one class they would be useless; for the other unnecessary. They are offered to those who have not been able to secure more than a superficial hospital training, and to beginners. The former will, I believe, find among them many useful directions; the latter help in learning both more thoroughly and more rapidly what they have to learn. Theoretical knowledge of nursing can never make up for the want of practical acquaintance with all its branches, but it certainly enables any ordinarily intelligent woman to acquire proficiency with a much smaller amount of practice than she would otherwise need.

With respect to general qualifications, I would say to all nurses, keep ever in mind the Apostolic injunction, "Ye are bought with a price; therefore glorify God in your body, and in your spirit, which are God's."

Nursing the sick calls for the exercise of every Christian virtue. Patience, gentleness, forbearance, brotherly kindness, with perfect self-abnegation. Without these qualities no one can be a good nurse in the highest sense of the word. Do not let me be misunderstood in the use of the word self-abnegation. A nurse, while studying her patient first in everything, should never fall into the too common error of neglecting her own health. This neglect will be injurious to her patient, if in nothing more than the risk to which it exposes him of a change of nurses—a necessity always very undesirable in cases of serious illness.

To ladies who intend to make nursing a profession, I would say—Do not undertake the work with any romantic ideas of being a “ministering angel,” moving about your wards in a very becoming hospital dress, and followed wherever you go by loving looks, and murmured blessings, from grateful patients, or you will never have courage to face the reality of finding yourself always a hard-worked, often a weary, worn, and sorely harassed woman. Remember Solomon’s admonition, “Whatsoever thy hand findeth to do, do it with thy might.”

Count well the cost of your undertaking, and then, having resolved to persevere, do so, and I say God prosper you; for I count nursing the sick one of women’s highest and holiest callings. Leave no means untried to learn your work thoroughly, from

its very lowest to its highest duties. Do not suppose your time wasted in learning all sorts of ward work, which contribute only indirectly to the welfare of your patients. The demand for ladies to take the superintendence of hospitals, infirmaries, and institutions of a similar nature, is now great, and is steadily increasing. For such a post no lady is fit, unless she has a practical acquaintance with every detail of nurses' work ; and that she can never obtain without personal knowledge of every branch of it. I would press this point strongly, as I know it is a common mistake to suppose that a very superficial knowledge of nursing is sufficient to enable a lady to undertake the work of superintendence ; and there cannot be a more fatal error for the interests of the institutions concerned, or one more likely to tend to disappointment, and to bring discredit upon ladies' nursing.

This little volume will be found, throughout, of more use to surgical than to medical nurses. There is far more scope for the use of such a manual for the former than for the latter. At the same time the general principles of nursing apply to both, and medical nurses will find in these pages many hints which they may apply with much benefit to their patients.

It has been suggested to me by those who have taken a very kind interest in this work, that I might have entered more fully into the duties of medical

nurses, as well as have given some space to instructions concerning the nursing of sick children. In answer to these suggestions, which have been well considered, I would say, that this would have led me further than I intended, and it also appears to me superfluous, when so much has already been written on these subjects, by those more qualified than myself to do so. My chief object in writing these notes, was to provide a book, the price of which should be within the means of *any nurse*, and one which would be, as its title expresses, a book at hand, to be referred to at any minute when a nurse may require such help. Had I entered more fully into these subjects, it would have made the work more expensive, and at the same time have rendered it very difficult for me to avoid interfering with subjects not strictly within the province of a nurse, as I trust in these pages I have done.

Finally, I would take this opportunity of expressing, publicly, my most grateful thanks to all at University College Hospital, to whom those thanks are so justly due; both to those who so kindly afforded me the advantage of receiving my training under such favourable circumstances, and to those to whom I am indebted for so much valuable assistance in obtaining a full and practical knowledge of my duties as a nurse.

PETERSTONE COURT, BRECON, S. WALES.

FIRST SECTION.

BEDS.

BED-MAKING is a very important part of a nurse's work, especially in surgical cases. There is some difference of opinion as to whether it be advisable, in such cases, to put a blanket over the mattress, or only a sheet. I am strongly inclined to the opinion that it is better there should be no blanket in warm weather, as it tends to heat the patient, and increases the difficulty of keeping the sheet under him *quite free from wrinkles*, which is a point of great importance. In cold weather, however, I consider a blanket necessary, and then extra care is required on the part of the nurse, particularly when changing the under sheet, or the draw-sheet, for unless the bedclothes under the patient are kept perfectly smooth and free from wrinkles, bed sores are inevitable. Having made the bed as far as the under sheet, whatever the nature of the patient's case may be, great care should be taken to arrange a macintosh and draw-sheet in such a way that no blood or other discharge can possibly reach the under sheet, as it is often important it should not be frequently changed; while at the same time it

Bed-making;
blankets or
not.

Danger of
bed-sore.

Macintosh and
draw-sheet.

is absolutely necessary that any soiling matter should be removed from a bed as quickly as possible, otherwise it is impossible to have a wholesome one.

Upper bed-clothes.

The upper bedclothes must be accommodated to the weather; but in all cases they should be *light*, even if great warmth be required.

Changing Macintosh and draw-sheet.

A macintosh and draw-sheet can easily be changed at any time, though, should the patient be very heavy or helpless, it may require two nurses to accomplish it. A clean macintosh and draw-sheet should be rolled loosely together; a nurse should then go to each side of the bed, and while the one on the side most convenient—*e.g.*, if amputation of *right* leg, left side—*pushes* the soiled ones out, at the same time slipping the clean ones under the patient; the nurse on the other side should pass her hands under him, to help to draw them through, or to assist him to raise his body sufficiently to allow the clean ones to be laid perfectly smooth, that there may be no creases to cause bed-sores.

Changing the under sheet.

Changing the under sheet without moving the patient from the bed is more difficult than any other part of bed-making, but it can always be done without injury, if sufficient time and care be given to the operation, in accomplishing which the nurse should always have the aid of one or more assistants. She should first loosely roll the clean sheet, leaving just enough unrolled properly to cover the bolster.

She should then take hold of the soiled sheet at the head of the bed, free it carefully, and roll it in, and under the patient, until the bolster is clear. She should then take the clean sheet, cover the bolster, and roll it under the patient, until she has the clean and soiled sheet close beside one another, just under his shoulders. She should then work both down together, unrolling the clean sheet as she rolls up the soiled one, which with a little practice she will find it quite easy to do. In most cases the patient will be able to raise himself sufficiently to let both sheets pass. Should he be unable to do so, those helping must pass their hands under him, and give him as much aid as he requires. Should the case be one of amputation, the nurse should herself attend to the stump, while the sheet is passed under it. In such cases, if the nurse's assistants be inexperienced, she should give them full directions, *beyond the hearing of the patient*. It is very essential to his comfort, if not to his well-being, that he should not be worried by unnecessary talking and directing round his bed. It is certain to make him nervous, and cause involuntary starting of the stump, while it is being moved. A patient should never be told his bed is to be touched until everything is ready; then everything should be done with as little talking as possible. Changing sheets is a considerable fatigue to a patient really very ill, therefore stimulant—if the patient is taking it—or

food should be given either before or after, according to his feelings, to make up for the exhaustion consequent upon the exertion.

"The greatest care should always be taken to have everything quite clean about a bed on which a patient is to be placed after an operation, so that he may be sure of perfect rest and quiet for some time, without any necessity for changing his bedding. Should the operation be one likely to be followed by bleeding, a draw-sheet and macintosh should be so placed as to receive all blood or other discharge, so that it can be easily removed without much disturbance of the patient. It is no small part of good nursing always to keep a thoroughly clean bed, without constantly disturbing the patient. Any blood or discharge, in a warm bed, quickly becomes offensive, therefore the greatest care should be taken to remove it as soon as possible.

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Amputation
of thigh or
leg.

In cases of amputation, if the thigh, or leg, a draw-sheet and macintosh should be laid across the bed so as to come under the stump. A pillow, covered by another macintosh and draw-sheet, should be placed under the stump to rest the stump upon. A bed-cradle to keep the bedclothes from pressing upon it, will also be necessary. After the patient has been placed in the bed, the sheet should be drawn over him, covering the uninjured leg, but not the cradle. By this means the patient is kept decently covered, and it is necessary to move the upper bedclothes.

The blanket should be so arranged as to enable the nurse to see under it, through the cradle, whether the stump bleeds, without the necessity of continually disturbing the patient.

If, after the amputation, it be left for the nurse to arrange the patient in his bed, she should place the stump on the pillow; then take a broad piece of bandage, slip it under the pillow, cross it over the stump, and tie it down to each side of the bed, taking care not to tighten it enough to press the stump, but only just sufficiently to keep it in its proper position, and prevent it moving in case of involuntary starting on the part of the patient, which is very common after operations.

In cases of hernia, lithotomy, lithotritry, ovari-
otomy, and all abdominal operations, it is necessary that a macintosh and draw-sheet be laid across the middle of the bed, to prevent the under sheet from being soiled. Abdominal operations.

A bolster covered with macintosh should be so arranged under the sheet, as to take the patient under the knees, and thereby remove all strain from the abdominal muscles. A body-cradle will be required to prevent the bedclothes from pressing on the patient.

These directions will be sufficient to enable an intelligent nurse to prepare a bed for any operation case, as she will only have to vary the application of the directions given to suit each individual one.

Chaff pillows. Chaff pillows are very useful in surgical wards. Bags should be made of any strong calico, or linen, varying from the size of an ordinary pillow to a six inch square. They should be sewn firmly all round, save only a small aperture through which to fill them. They should be filled moderately full, and sewn up. Then a soft pillow, susceptible of being moulded to any required shape, is always ready, and which has the advantage, that in case of soiling it can be easily renewed by emptying out the chaff, washing, and refilling the bag.

Sand bags. Sand bags should likewise be always ready. They should be made of bed-tick, covered with macintosh, and filled with sand. It is advisable to have them of different sizes, varying from one to four feet in length, and of proportionate thickness, as they are useful to keep a limb straight, or to prevent little children from falling out of bed, &c. Sand bags of four feet long should be about six inches in diameter, and they should decrease in thickness as they decrease in length.

The sand should be well washed, and baked, before use, to secure perfect cleanliness.

SECOND SECTION.

PATIENTS.

UNDRESSING patients is a matter requiring much ^{Undressing patients.} care on the part of the nurse. Patients who have met with accidents, especially men, often suffer unnecessary pain and inconvenience from the manner in which their clothes are removed; as nurses, who have not had much practice, are naturally less adroit in removing the clothes of men than those of women.

A case of broken thigh is the most difficult to ^{Broken thighs.} undress. The injury is in itself a serious one, and in simple fracture there is always a danger that any rough or clumsy handling may make it compound, which much increases the risk and suffering of the patient, and the difficulty of treatment.*

In cases of broken thighs the bedclothes should ^{Removing trowsers.} all be turned back to the foot of the bed, and the patient laid in the middle. His coat, waistcoat, and collar, should first be removed as gently and expeditiously as possible. The outer seam of the

* Fracture is termed simple where the bone is broken, but the skin remains uninjured; compound where the broken bone has pierced the skin.

trowser-leg containing the injured limb should then be ripped up until the trowsers are completely open, waistband included. The buttons should then be unfastened (the sheet being first thrown over the patient to prevent any unnecessary exposure), and the cut trowser-leg drawn with the utmost care and gentleness from under the whole length of the leg, to the inside, the hand being slipped under the thigh, if necessary, to avoid all dragging. The body of the patient must then be gently raised, sufficiently to draw the body of the trowsers from under him; the other trowser-leg can easily be drawn off while the sheet is kept over the patient.

removing
sock or stock-
ing.

The sock or stocking should be cut open down the seam and the foot drawn off, while the ankle is firmly but gently held without raising the leg in order to avoid any jarring of the broken thigh.

broken arms.

If the case is one of broken arm, all the sleeves should first be removed from the uninjured limb; then those containing the broken one gently drawn down, unless it is found the attempt causes the patient great pain; in this case they should be at once opened up the seams. The shirt-sleeve should always be opened, and in some cases it is desirable to open the side seam of the shirt as well, both for the convenience of the surgeon and in order to facilitate the changing of the shirt when necessary.

importance of
firmness of
such.

These are the only accident-cases for which particular directions are required. One general rule,

however, applies equally to all cases where either undressing, or otherwise touching an injured patient is necessary. *Handle firmly though gently.* In their anxiety to avoid a heavy touch nurses sometimes fall into the error of touching in a hesitating, uncertain way, which is a very great mistake and a cause of much suffering to the patient.

It is hardly necessary to give minute directions Female patients. for undressing female patients. Any woman of ordinary intelligence will be able easily to remove the clothes from one of her own sex. But in all cases, whether male or female, the nurse should bear in mind that destruction of clothing is always Destruction of clothing. a matter of importance to the poor. She must, of course, never allow a thought of the clothes to interfere with what is really of consequence to the patient; but she should never spare her own pains and trouble in order to avoid injuring their clothing more than is absolutely necessary.

After the patient is undressed and in bed, the Washing patients. nurse should see that he is thoroughly clean. Patients who have met with accidents are generally much the reverse, being brought, as they so often are, straight from work, which may probably be itself of a dirty nature. If necessary, she should wash him at once, and particularly the injured part, as there will be little chance of her being able to do so afterwards.

While on the subject of undressing, I would add Decency. Respect of patients for their nurses. one general remark on the relations of nurses and

male patients. While ready at all times cheerfully and willingly to perform any service, however unpleasant, for a patient who is really helpless, a nurse should be very careful to discontinue such service the moment it ceases to be absolutely necessary; and also never to allow a patient, through mere shameless laziness, to demand from her any service which a sense of decency should make him perform for himself. It is a matter of very great importance in male wards that the patients should thoroughly respect their nurses. This respect is never endangered by the most ready and cheerful performance of the most unpleasant duties for those who are really helpless, but it will vanish the moment any approach to immodest carelessness on the part of the nurse is detected. And I would remind all nurses that, on these points, men are instinctively quick and accurate judges.

Things required for fractures.

In cases of fracture a good nurse should show her proficiency by having everything the surgeon may need ready the moment the patient is in bed, that he may not have to wait for anything. The things required for a simple fracture will be splints, according to the case, and the usage of the hospital—bandages, pads, cotton wool, and strapping plaster. In cases of compound fracture, a basin of clean cold water, sponges, and lint will also be required.

The width and length of bandages will be found under the heading "Bandages."

In cases of fractured thigh the patient should be laid upon his back, with only one pillow under the head, in order to keep the body as level as possible. If he has to wait any time before the leg is put up, sand-bags should be laid on each side of the broken limb, to keep it straight. Fracture boards must always be under the mattress, to prevent the bed from sinking in the centre.

Position of patient with fractured thigh.

Fracture boards.

A leg-bandage or roller should be three inches wide, never less than seven, sometimes eight, yards long, according to whether it is required to go above the knee or not. Arm-bandages should be two inches and a quarter wide, six, seven, or eight yards long. Finger-bandages should be three quarters of an inch wide, and generally the same length as the others, for convenience in tearing the calico. Rib rollers should be six inches wide, and eight yards long. A very useful bandage for keeping poultices or dressings in their places when required for the groins or lower extremity of the back, is the **T T** bandage, so called from its rough resemblance to the letter **T**, the band corresponding with the cross bar passing round the waist, that corresponding with the stem being used to keep the poultice or dressing in its place. It is sometimes an advantage to have two bandages instead of one, fastened to the waist-band.

Bandages or rollers for legs, arms, fingers, or ribs.

T T bandage.

Many-tailed
bandage.

The many-tailed bandage is a very useful one, in cases where it is desirable to avoid moving the limb to the extent necessary in putting on a common one. It is made by taking an ordinary bandage and cutting from it a piece the length of the limb to be bandaged, and then laying across this piece strips of bandage long enough to go once and a half round the limb, and tacking them firmly to it, taking care that each strip overlaps the rest by one-third. The limb can then be bandaged without being moved more than once, while the many-tailed bandage is laid under it, as the tails can afterwards be folded round it without further movement.*

Pads.

A very nice soft pad is made by teasing some tow, and putting it between layers of cotton wool, covering with *soft* common muslin, and quilting in large diamonds, *without* carrying the thread from point to point. Another kind of pad is made of two thicknesses of old worn blanket, covered with old linen sheeting, and quilted by running across in large diamonds.

Cotton wool is much improved by being exposed to the heat of a good fire before use.

Perineal
bands.

Perineal bands are sometimes made of padded leather, with buckles ; but when the nurse is required

* I would recommend every nurse to have in her possession a copy of Mr. Berkeley Hill's book, "The Essentials of Bandaging." It is not expensive, and gives much information which is very valuable to all nurses.

to provide one, she should make it as follows:—Take a piece of tape, one and a half or two yards long; make the band by covering about twelve inches of the middle of the tape with strong calico stuffed with tow, or cotton wool, or a mixture of both, and let it be about two or three inches thick. Sew the tape firmly at each end where it comes through the band. Cover the band loosely with oil silk, to keep it clean, and put a piece of lint over the oil silk to prevent the skin from chafing.

The prevention of a bed-sore is one of the Bed-sores. nurse's most important duties. From the first beginning of a confinement to bed which is likely to be a long one, the patient's back should be frequently washed with warm water and soap, and *well dried* with a soft towel, the under sheet at the same time being sprinkled with oxide of zinc. If the skin be quite firm and unbroken, the patient will derive much comfort from having his back well rubbed with some spirits, either brandy or spirits of wine and water, which also hardens the skin and renders it less likely to become sore. Should there be any involuntary evacuations, great care should be taken to cleanse frequently; for while it is easy to *prevent* a bed-sore, if the skin once gives way, and the patient is entirely confined to bed, and perhaps obliged to lie upon his back, it is *very difficult* to heal it again. If, notwithstanding all her care, the nurse finds that her patient is threatened with

a sore, she must proceed as follows :—Take a piece of amadou plaster, out of which cut a piece an inch larger all round than the size of the tender skin. From the centre of that piece cut another just large enough to prevent the plaster touching the tenderest point of the threatened sore. The adhesive side of the plaster must be heated, it will then stick firmly, and by its thickness remove all pressure on that part. A water pillow or water bed should also be used in such a case. It is not easy now to procure *old* Indian silk handkerchiefs, but when it is possible to do so, a patient derives much comfort if one be laid under his back between his shirt and skin. They should be old, because frequent washing renders them peculiarly soft.

Changing a patient from one bed to another.

The most helpless patient can easily be removed from one bed to another by four people. The bed on which he is to be placed should be moved close to the one on which he is lying. Each person should then take a corner of the sheet, and raise it gently until he is entirely supported by it. It should then be slowly moved until the body of the patient is over the centre of the other bed, and then gently lowered. If this is carefully done, he will hardly be conscious of the change.

Bed-pans.

Bed-pans should always be made of earthenware, well glazed, never of metal. The use of metal bed pans is attended with great risk of bed-sores, unless

they are very carefully placed ; and it is impossible to keep them as clean and free from smell as they should be kept. An earthenware bed-pan is easily kept perfectly clean, and if the edge is well greased before it is put under the patient, it will slip into position without any risk of injuring the skin.

The best bed slipper I know is the one used in Best sort. the Liverpool Northern Hospital, and which may be got at Copeland's porcelain warehouse, in New Bond-street.

"Enema simple," generally means soap and water. Enemata. Soft soap is most useful. One pint, to one and a half of water, just warm enough to be comfortable, is the usual quantity given, unless a larger or smaller one be ordered.

Enough soap should be rubbed down in two pints of hot water to render it creamy, by which time the water will be about the right temperature. The nurse must be careful to fill the syringe before introducing the tube, otherwise air is forced into the bowel before the enema is injected. The patient should always be laid on the left side, if possible. When this cannot be done, he should be on his back, one leg—the right, if possible—should be drawn up, and the pipe passed under it. The nozzle of the pipe should be carefully oiled, and then passed gently into the bowel, upward and backward.

For a castor-oil enema, the soap and water should Castor-oil
enema.

first be mixed as for a simple one. The oil—one or two ounces, according to order—should be put into a separate vessel, with an equal quantity of soap and water. This should be pumped into the bowel first, and followed by the rest of the mixture. By this means the patient is sure to get the whole quantity of oil, even should he be unable to bear the full quantity of the enema simple. Great care should always be taken to give an enema not too fast, though a moving one should be pumped up more rapidly than a feeding one. When giving an enema to clear the bowels, the nurse must always stop instantly if the patient says he cannot bear any more.

Castor-oil and
turpentine
enema.

A castor-oil and turpentine enema should be given in the same manner, mixing the castor oil and turpentine together.

Enemata for
nourishment.

When the object of an enema is to feed the patient, it should never consist of more than one or two ounces at once. One ounce of very strong material is often sufficient. If beef-tea is ordered, Liebig's, or one of the extracts, should be used, as there is much nourishment in a small quantity, unless the nurse can get some fresh meat to make the extract for the patient herself; but this takes some time to do. Liebig's extract mixed with milk is very good. Half an ounce of beef-tea, half an ounce of brandy, the yolk of an egg, and a teaspoonful of raw arrowroot make an excellent nourishing enema, given

at intervals of one or two hours. The arrowroot helps to retain the enema in the bowel. The whole should be pumped up very slowly, so as to avoid any action of the bowel, which might cause it to return.

Enemata given to stop diarrhœa, should also be pumped up very slowly. They are generally composed of starch or arrowroot, with a few drops of laudanum. From eight to ten ounces are sufficient. The starch or arrowroot should be mixed with cold water, and made as thick as it is possible to pass it easily through the syringe. It is better to give a small quantity at one time, and repeat it if necessary, with a short interval between, than to give a larger quantity at once, by which the bowel may be excited to movement instead of being soothed. A nurse should always ask how much laudanum she is to use.

Poultices are easily made with ordinary care, though practice only will secure the hot smooth light poultice of the experienced nurse.

To make a linseed-meal poultice, the vessel in which it is to be made should first be warmed; then *boiling* water poured in, according to the size of the poultice required. Practice alone will enable the nurse to judge the quantity correctly. The water should be sharply stirred with one hand, while the meal is dropped in with the other, care being taken to stir only one way. If the poultice is for an open wound, care must be taken no threads are left on

Enemata to
stop diarrhœa.

Linseed-meal
poultice.

the rag on which the poultice is laid that can possibly get into it. A margin of rag should be left all round the poultice, which should be first doubled back on itself, and then over the edge of the poultice. Poultices can be made equally well on tow or paper with practice.

Preparing
patient.

When a poultice is to be applied, the nurse should get her patient ready first. If he has a wound it should be thoroughly washed, and lightly covered. Then the poultice should be made quickly, and applied as warm as the patient can bear it. The bad habit of making the poultice first, and keeping it warm at the fire while the patient is prepared, should be carefully avoided, as by this means the water evaporates, and instead of a poultice a hard, dry cake is formed. I have said, drop the meal *into* the water instead of pouring the water *on* the meal, as it makes a lighter and more even poultice.

In all cases of poulticing, or dressing wounds, everything required should be got ready before the patient is touched. Uncover, wash, and cover again as rapidly as is consistent with careful dressing. I have seen nurses first remove all the dressings, then go for water, &c., thereby often causing much unnecessary pain to the patient. A good nurse will always spare her patient every possible delay, fatigue, or excitement, which it is in her power to avert from him. She should also move quickly as well as

quietly. A slow, heavy, or noisy movement, is very irritating to most invalids.

For a mustard poultice, a sufficient quantity of powdered mustard should be taken to make a thin paste the required size. This should be mixed with boiling water, with a small quantity of vinegar added, if a very strong poultice is required, and spread on brown paper, with a piece of thin muslin over it. ^{Mustard poultice.}

A mustard poultice should generally be kept on from ten to twenty minutes, but some skins will bear it much longer than others. If the skin is very irritable afterwards, a little flour should be sprinkled over it. This will remove the burning sensation. ^{Length of time.}

Great care should be taken in poulticing never to cover the umbilicus or nipples. In poultices a hole should be cut. When strapping or bandaging, if it is necessary to cover them, a double fold of lint should be placed over them, before crossing with the bandage or plaster. ^{Caution.}

In cases of delirium, a nurse should never contradict a patient, and never be persuaded, however great the apparent necessity, to tell him an untruth. In the worst cases of delirium the patient frequently retains a strange unaccountable perception of the truth, and great influence may be attained over him by his nurse reminding him that she never tells him what is not true. At the same time never con- ^{Delirious patients.}

tradict his wildest assertions. It is very soothing to a delirious patient to have a nurse who listens calmly and quietly to his ramblings, and when absolutely appealed to to confirm his statements she can always say she did not know that such was the case ; by which means she avoids irritating him by a contradiction, while she does not tell him an untruth.

Patients apparently insensible.

In all cases of apparent insensibility, from whatever cause, and also when death is approaching, a nurse should be very careful to say nothing about the patient within his hearing. It does not always follow that he is insensible, because he can neither speak nor move. A well-known medical man told me lately of a case in which, thinking the patient was quite insensible, he said audibly beside his bed, "Poor fellow, he is not long for this world," upon which the sufferer suddenly opened his eyes, and turned them on him with a most piteous expression, though still unable to move or speak. In a case under my own observation, the patient told me, after five hours' coma, that she had been quite conscious all the time of what was passing round her, though save for the fact that she breathed, it would have been impossible to tell that she was still alive.

Children.

I have also had occasion to speak severely to nurses for their injudicious attempts to stop children from screaming, when first left in hospital wards, by threats to lock them up in the cupboard, &c. When

it is possible, it is better to let them scream, they will give up the amusement if unnoticed ; but when it is necessary, for the sake of others, to stop them, it is often enough to say firmly, "you must not make that noise, or I shall put the towel in your mouth." If the child will not stop, put the towel in his mouth, with a promise of removal the moment he is quiet, taking care that the promise is fulfilled. If this is done firmly, but with no display of temper, a child is soon conquered ; and when quiet he may be reasoned with ; a method of treatment to which children are more open than many people imagine. The nurse should, however, always remember that it is really a trial to a child to be left alone with strangers, and should deal gently, though firmly, with him.

It is often extremely difficult to make leeches bite Leeches. just when and where they are required to do so, and nothing but practice will teach nurses the best method of handling them, though it is always advisable to touch them as little as possible. If the part to which they are to be applied is washed quite clean, and then wetted with a little cream, or milk sweetened with sugar, it will sometimes make them bite when otherwise they appear unwilling to do so. In one instance, when the leeches were most troublesome, all other means having failed, I put them for a moment into a plate with some beer, and then held them firmly by the tail until they fixed themselves, which they did almost immediately. In

following this suggestion, great care must be taken not to nip them with the finger-nail while holding their tails.

Dressing blisters.

In dressing a blister, care should be taken not to allow the fluid to run over the unblistered skin. This is easily done by having something ready to catch it as it escapes; a small testing-tube is most convenient. With a sharp-pointed pair of scissors cut the blister just where it unites with the unblistered skin, and so allow every drop of the fluid to escape. Place the tube so as to catch it, putting a little cotton wool round to insure none running down. If the whole skin of the blister is to be removed, it must be cut all round, and after being taken off, a piece of lint spread with whatever dressing may be ordered, must be laid over the blister, above which a piece of cotton wool should be spread, and lightly bandaged, if necessary to keep the dressing in its place. Some medical men prefer the skin being entirely removed, others that it should only be cut to let the fluid out, and then dressed in the same manner. A nurse should ask which she is to do, if no special order is given to her. The lint must always be rather larger than the blister, and the dressing spread to the exact size of the blister. This should be done before it is touched, as the patient would suffer considerable pain if he had to wait while the dressing was spread after the blister had been cut. See p. 26 on this subject.

THIRD SECTION.

OPERATIONS.

ALL nurses whose duty it is to attend in the theatre during operations should be very careful of their conduct while there. They should remember they are there only to attend to those things which belong legitimately to the duties of a nurse, and to enable the operator and his assistants to give their whole attention to the operation without their important work being hindered by their having to wait for sponges, &c., or by their perhaps receiving them only half clean or full of water, or by other similar annoyances. A nurse should always remember she is not there to *see* the operation. It is most objectionable to see one pressing forward to look at what is being done, with her attention, perhaps, so much occupied in watching the operation, as to make her forget her own proper duties. While not occupied in washing, or handing sponges, &c., her attention should be given to those who may require something from her, and if by watchfulness she can forestall the request, so much the better. She should do everything in the most quiet and unassuming way, only letting her presence be

General remarks on nurses in theatre.

noticed by the fact that everything in her department is ready the moment it is required. Much benefit accrues to nurses from being allowed to attend in the theatre, as they there learn all that is needed for operations, so that in cases of operations in private houses they are better prepared to arrange everything in the most convenient way for both patients and surgeons. Let them, then, be careful to bring no discredit upon themselves by their conduct in the theatre.

Preparing
theatre for
operations.
Various things
required.

In some hospitals the theatre is prepared for operations by the porters, but where this duty devolves upon the nurse, or in case of sudden emergency, she should first prepare the operating table, by placing on it a mattress and pillows, over which should be spread the sacking stretcher, covered by a clean white sheet or red blanket, according to the custom of the hospital. Red blankets have the great advantage of not showing the stains like a white sheet. Several yard squares of macintosh should be ready to be put round or under the patient, so as to catch all the blood, and a blanket—red if possible—to cover him. A wooden tray with sawdust should be under the table, ready for use. Plenty of sponges are necessary, and great care should be taken to see that they are perfectly clean. They should be well washed in a strong solution of carbolic acid to free them from all impurities, then passed through several additions of

Best method
of cleaning
sponges.

clean cold water, and ultimately left to stand in cold water until they are required, when they must be carefully squeezed until every drop of water is out of them. It is very advisable to have such a number of sponges that each one should only be used once during an operation, as it is difficult to have them washed *as they ought to be* while an operation is going on. Among the sponges there should always be a number of small pieces, from two inches square upwards. They are required for cleft palates, and other operations. Cotton and flannel bandages of the widths and lengths already given must be ready, according to the nature of the operation; strapping-plaster and a strapping tin, if the theatre is not provided with one. A very good way of preparing the strapping-plaster is to take a piece and cut it up like a fringe, leaving all the strips joined by a narrow heading, so that they can be picked off as required. The strips should vary in width from half an inch to three inches. Some bleeding bowls must be ready to receive the dirty sponges, or anything from the hand of the operator, and also in case of the patient being sick from the effects of the chloroform.

Lint—some of which, previously cut in strips, and wetted ready for water dressings, should be laid on a plate shortly before it may be wanted—oil silk, tow, cotton-wool, broad and narrow tape, needles and threads, pins, a feeder, a bottle of

brandy, and smelling salts or sal volatile, complete the list of things the nurse should have ready, unless she is required to see that oil, carbolic acid lotion, &c., are at hand, in which case she would do well to ask for directions from some of the medical attendants, as different things would be required for different operations.

Dressing
patients for
operations.

In preparing patients for operations the nurse should remember that it is most important no wet clothes should be left upon them afterwards, therefore any garment which is likely to be soiled should be so put on as to be easily removed. I have seen nurses allow patients to go to the theatre half dressed, knowing that they were to take chloroform, and would return to their beds partly, if not wholly, unconscious, in which state they would have to be undressed, an operation by no means easy with a patient in an insensible condition, and not unlikely to produce faintness in a delicate one, a thing to be always carefully avoided with those still under the influence of chloroform.

Loosening
bands.

Any patient about to take chloroform should have all bands about the neck, waist, or wrists quite loose.

Sleeves.

In all cases of tumour of the breast or arm, amputation of the arm, &c., the sleeve on that side should not be put on, as it would interfere with the operator, and have to be removed after the patient has taken chloroform.

All dressings should be removed, and any wounds washed clean, and lightly covered with a piece of wet lint, just before the patient goes to the theatre ; so that old dressings or poultices may not have to be taken off there. If leave can be obtained, it is very desirable that all patients, who are able to bear it, should have a bath, either on the morning of the day appointed for operation, or the night previous.

Removal of dressings and desirability of baths previous to operations.

While still insensible from the chloroform the patient should be laid flat on his back, with his head slightly raised, so that he can breathe freely ; but care must be taken not to allow the chin to drop on the chest. He should be allowed plenty of fresh air, but at the same time be kept very warm, particularly about the feet. If he is very pallid his face should be sponged with cold water, and brandy given in such quantities as may be ordered for him. The nurse should carefully watch the effect of brandy given after an operation, that she may learn to see where it is needed, and be prepared to ask leave to give it when necessary. Her quickness of observation in this respect will often be very valuable to her patient, though she must never give even what she may feel certain is required, without orders, except in cases of sudden emergency.

Treatment of patient after his return from the theatre.

After all operations, the nurse must carefully watch for bleeding, lest the patient should bleed unnoticed. Sometimes, particularly after amputa-

Danger of bleeding.

tions, the blood will find a channel for itself, and run down into the bed unnoticed, until the patient complains of the bed being wet, or of feeling faint. It is best to place a clean draw-sheet in such a position as to catch every drop of blood which may escape through the bandages, so that by watching it the nurse may be able to tell exactly the amount of bleeding which may take place.

Ovariectomy.

The nurse may sometimes be left to provide everything required for this very important operation, except the instruments. In this case it is often necessary for her to have more things ready than will actually be needed, as each operator has his own wishes in the minor details. If she cannot learn from him exactly what he requires, she should have everything ready for which he may call. The following is a list of things she should provide:— A small bath, to hold the fluid; one or two zinc buckets; three or four bleeding bowls; two dozen sponges, of various sizes, quite new, and perfectly clean, and free from all particles of shell or sand; one dozen towels; several basins with clean cold water, to wash the sponges; boiling water, with four *new* yard squares of flannel, previously passed through water to make them soft, ready for fomentations, if required during the operation; *new* wringers; olive oil; carbolic lotion; brandy, with a feeder; smelling salts, or sal volatile; strapping plaster: a rib roller of cotton, and one of flannel:

List of
things
required.

a many-tailed bandage, of ten or twelve inches wide, and one yard and a quarter long; and plenty of lint.

A very comfortable bandage to the patient is ^{A good bandage,} made as follows:—Take one yard and a quarter of flannel, twelve inches wide; tear off the selvedge, leaving all the edges raw to prevent the risk of the bandage stretching in the middle, and leaving a tight cutting edge on each side. Take four strips of flannel, twelve inches long, and two inches wide, and herring-bone them flat across the width of the bandage—number one, two inches from the end; number two, three inches from number one; number three, ten inches from number two; and number four, three inches from number three. On the first strip sew six tape strings, twelve inches long, being careful to sew them through both thicknesses of flannel. On the second strip sew the same number of tapes fifteen inches long, placing them between instead of opposite to those on number one. The tapes on number three should be fifteen inches long, and correspond in position with those on number two; those on number four should correspond in length and position with those on number one. When the bandage is put on, strips numbers one and four will come close together, and their tapes be tied. Strips numbers two and three will be further apart, and their tapes must be tied across, when their fasten-

ings will be between those on the other two strips. This description will be found a little difficult to follow, but I do not think it possible to give a more clear one in words. By this means the bandage can be tied round the patient with a perfectly even pressure, and its great advantage is, that it can be laid under her before the operation, and then tied round afterwards without the necessity of her being raised to allow an ordinary bandage to be passed round her. It can also be easily opened to examine the wound, or loosened in case the pressure is too great.

Advantages of
this bandage.

Sir William
Fergusson's
invention for
keeping pa-
tient dry dur-
ing operation.

An excellent plan for keeping the patient quite dry and clean during the operation, is one invented by Sir William Fergusson. Take a yard square of macintosh, cut out an oval-shaped piece from the centre—the surgeon will say what size the aperture should be—cut out of a piece of strapping plaster an oval band, about two inches wide, the exact size to fit round the aperture. Stick the *unadhesive* side of the strapping to the wrong side of the macintosh, with very strong gum, taking care to leave no part uncemented. When preparing the patient for operation, heat the strapping and lay it against the abdomen, leaving the proper place for the incision about the centre of the hole, and being very careful to make the strapping adhere all round the opening, otherwise fluid will run through the places not firmly stuck, and render the whole pre-

caution useless. When the contrivance is carefully and properly adjusted it answers admirably for the comfort and advantage of the patient. After the operation is over, and she is ready to be bandaged, the macintosh is removed, and with it all that is wet, thereby leaving the patient's clothing perfectly unsoiled by blood or wet sponges.

Dressing a patient for this operation is a matter of much importance, as it is of great consequence to avoid, as far as possible, moving her afterwards. Dressing patient for ovariectomy. Having washed and made her thoroughly comfortable, the nurse should put on a clean night-dress, and roll it up loosely under the arms. She should then stick on the macintosh, and fold it up in a convenient manner for the time, and put on stockings without garters, and a pair of flannel drawers, without tying them round the waist. She should then slip on a chemise, but without putting the arms through the sleeves, and over all a flannel gown. If possible, the flannel bandage before-mentioned should be arranged under the patient before the operation. This can be done by sewing a strip of strapping plaster across the middle of the bandage, and sticking it to the patient's back. When the patient is placed on the bed or table, the nurse should throw the blanket over her, and drawing up the chemise, tuck it out of the way, unfolding the macintosh over everything. Should any blood or other fluid escape in moving the macintosh, the

chemise will catch it, and being loose it can be easily removed, either by gently slipping it from under the patient, or by opening it down one of the seams, and the clean night-dress is then ready to cover her with comfort.

The nurse should get directions from the surgeon about using the catheter, as it is important the bladder should be quite emptied before the operation.

Care of patient
after operation.

The care of the patient after this operation is of great importance ; but it is difficult to give full instructions on this point, as every operator has his own system of treatment. The nurse should have full instructions from him on the subject. One very necessary point is to guard against the patient making any attempt to get out of bed.

Giving
nourishment.

In the administration of food great care must be taken not to overload the stomach in the slightest degree. Very small quantities, such as one teaspoonful, given at intervals of ten or fifteen minutes, are more likely to benefit the patient than larger quantities given at wider intervals. But with these very important cases full directions are generally given by the surgeon. Some operators prefer the patient being fed by enema only for the first twenty-four hours.

Importance of
strict obedience
on nurse's
part to orders.

Here a word to all nurses: *obey every order implicitly*. There is a great difference between stupid and intelligent obedience, and it is the latter which

is required. A stupid nurse will go on doggedly, without watching for symptoms; an intelligent one will watch carefully for signs of any change. Such signs she will instantly report to the medical attendant, without for a moment deviating from the orders given. He will decide whether they necessitate any change of treatment. Nurses are inclined sometimes to judge for themselves, or to *think* the doctor meant this or that. The best nurse is always the most obedient, because she remembers she is only *a nurse*, not a doctor.

The operator will give directions respecting the temperature of the room, which is usually kept at about 70° Fahr. Sometimes it is ordered that the air shall be kept moist by means of the steam from kettles of boiling water.

The room should be thoroughly ventilated, without any draught being allowed to blow upon the patient. It is necessary to keep her very warm; this is easily done by making her wear the flannel gown and drawers, and by putting hot-water bottles in the bed; one under each arm, one on each side about the knees, and one at the feet. But here again the nurse must ask for orders, as some surgeons think a number of hot bottles exhaust the strength of the patient.

In this operation little is required from the nurses except sponges and towels, as generally nurses are not present, except in the cases of children, or the

very exceptional instances of lithotomy in women.

Care of patient afterwards of great importance.

Bed-sore, water passing through wound, &c.

The care of the patient afterwards is most important, as bed-sore must follow, without unremitting attention on the part of the nurse. Sponges must be carefully kept to the wound, to catch the water which will escape through it. These sponges must be constantly changed, and well washed with carbolic acid, to destroy the offensive smell of urine they will soon contract. The draw-sheet must also be frequently changed, and on each clean one some of the powder mentioned under the heading "Bed-sore" should be spread. The skin of the patient all round the wound should be carefully washed to prevent it becoming sore through being continually wet. The intelligence of the nurse will materially aid the medical man in this case, as one of his questions is sure to be, "Does the water still pass through the wound?" A nurse who keeps the patient and his bed in proper order will be able at once to answer correctly, while a careless nurse, who leaves the bed soaking, and also puts the sponges in without having first squeezed every drop of water out of them, will often say "Yes," when she should say "No." An intelligent nurse will also be able to judge pretty correctly what quantity of water passes through the wound by the state of the sponges. This also is an important point for the nurse to notice, that she may be able to answer correctly any questions which she may be

asked. She should be very careful to leave nothing unreported that may be of consequence. Let her rather run the risk of reporting a *dozen* times too often, than once too *rarely*.

In this case the whole of the nurse's duty is to Lithotrity. save every drop of water passed by the patient, and strain it carefully, so as to preserve any particle of stone which may be passed.

After this operation the patient must neither be Cleft palate. allowed to speak nor take solid food until he has permission from the surgeon. The nurse should therefore be very watchful in her care of him, that he may not suffer any inconvenience from being unable to ask for anything he may require.

In conclusion, a word to every nurse on the important subject of clearly understanding the line between what is strictly *her* duty, and that of the doctor. A good, intelligent, *obedient* nurse will always gain the confidence of the medical man ; but if for one moment she presumes on that confidence to interfere in any way with things beyond the line, she will lose it. At the same time she will often find, if she shows herself worthy, she will be asked and trusted to do things which are not exactly within her province, and there are many ways in which a nurse can be of the greatest service, particularly to the young medical men in hospitals, who are often hard pressed by a number of very severe cases under

their charge at the same time. Perhaps an instance will better explain my meaning. After an operation or accident it is no uncommon thing for the patient to experience some difficulty in passing water. It is strictly the surgeon's duty to attend to this, but a harassed, overtired house-surgeon will often thank a nurse whom he knows is fully aware her duty is to obey, and always fulfils that duty, for a hint on this subject, if she thinks her patient has been too long without relief, or has only passed an insufficient quantity. The utmost unity of purpose ought to exist between a nurse and the medical man, or the patient must be the sufferer, as the most skilful medical treatment will often be rendered useless by the disobedience or stupidity of a nurse; and it is no exaggeration to say, that many a life has been lost through these faults. Surely the consideration of this fact should make all women who intend to be nurses both anxious and willing to learn everything that can conduce to the comfort and well-being of their patients.

FOURTH SECTION.

ABBREVIATIONS USED IN PRESCRIPTIONS. TABLE OF
WEIGHTS AND MEASURES. TEMPERATURE OF BATHS ;
AND EXPLANATION OF SOME MEDICAL TERMS.

THE following explanation of the abbreviations
used in prescriptions will often be found useful by a
nurse :—

Abs. febr. Absente febre, in the absence of
fever.

Ad 2 vic. Ad duas vices, at twice taking.

Ad lib. Ad libitum, at pleasure.

Adst. febre. Adstante febre, when the fever
is on.

Aggred. febre. Aggrediente febre, while the
fever is coming on.

Altern. horis. Alternis horis, every other hour.

Alt. noct. Alternis noctibus, every other night.

Amp. Amplus, large.

Baln. tep. Balneum tepidum, warm bath.

Bis ind. Bis indies, twice a day.

C. C. Cucurbitula cruenta, a cupping-glass.

C. M. Cras mane, to-morrow morning.

C. N. Cras nocte, to-morrow night.

Coch. ampl. or magn. Cochleare amplum or
magnum, a tablespoon.

46 ABBREVIATIONS USED IN PRESCRIPTIONS.

- Coch. infant. Cochleare infantis, a child's spoon.
Coch. mod. or med. Cochleare modicum or medium, a dessert spoon.
Coch parv. Cochleare parvum, a teaspoon.
Crast. Crastinus, for to-morrow.
C. V. Cras vespere, to-morrow evening.
De d. in d. De die in diem, from day to day.
Dext. lat. Dextra lateralis, right side.
Dieb. alt. Diebus alternis, every other day.
Dieb. tert. Diebus tertiis, every third day.
Diluc. Diluculo, at daybreak.
Dim. Dimidium, one half.
Feb. dur. Febre durante, during fever.
Fot. Fotus, fomentation.
H. d. or hor. decub. Horâ decubitûs, at going to bed.
Hebdom. Hebdomada, a week.
Hestern. Hesternus, of yesterday.
Hirud. Hirudo, a leech ; hirudines, leeches.
H. S. or hor. som. Horâ somni, just before sleep.
Hor. un. spatio. Horæ unius spatio, at the end of an hour.
Hor. interm. Horis intermediis, at the intermediate hours between what has been ordered at stated times.
Ind. Indies, from day to day.
Mane pr. Mane primo, very early in the morning.
N. Nocte, night.

TABLE OF WEIGHTS AND MEASURES. 47

Omn. alt. hor.	Omnibus alternis horis, every other hour.
Omn. bid.	Omni biduo, every two days.
Omn. bih.	Omni bihorio, every two hours.
Omn. man.	Omni mane, every morning.
Omn. noct.	Omni nocte, every night.
Omn. quadr. hor.	Omni quadrante horæ, every quarter of an hour.
O. O. O.	Oleum olivæ optimum, best olive oil.
Part. aff.	Partem affectam, part affected.
Part. dolent.	Partem dolentem, part in pain.
Part. vic.	Partitis vicibus, to be given in divided doses, instead of all at once.
Q. Q. H., or quaq. quart. hor.	Quâque quarta horâ, every four hours.
Quadrihor.	Quadrihorio, every four hours.
Semih.	Semihora, half an hour.
Sept.	Septimana, a week.
Sesquih.	Sesquihora, half an hour.
Seq. luce.	Sequenti luce, the following day.
Statim.	At once, immediately.

TABLE OF WEIGHTS AND MEASURES.

WEIGHTS.

The avoirdupois pound	= 16 oz. = 7000 grs.
1 oz.	= 437·5 grs.
1 gr.	= 1 gr.

MEASURES.

C.	Gallon=8 pints.
O.	1 pint=20 fluid ounces.
Fl. oz.	1 fluid ounce=8 fluid drachms.
Fl. dr.	1 fluid drachm=60 minims.

The following characters are those generally used in physicians' prescriptions :—

Drop	gtt.
Minim	℥
Grain	gr.
Scruple	ʒj
$\frac{1}{2}$ Scruple	ʒss.
Drachm	ʒ
$\frac{1}{2}$ Drachm	ʒss.
Ounce	℥
$\frac{1}{2}$ Ounce	℥ss.

BATHS.

Dr. Tanner gives the following temperature table for baths, which is very valuable for nurses :—

TEMPERATURE OF SIMPLE BATHS.

Bath.	Water.	Vapour.	Air.
Cold . .	33° to 65° Fahr.		
Cool . .	65° „ 75°		
Temperate	75° „ 85°		
Tepid . .	85° „ 92°	90° to 100°	96° to 106°
Warm . .	92° „ 98°	100° „ 115°	106° „ 120°
Hot . .	98° „ 112°	115° „ 140°	120° „ 180°

Dr. Tanner also gives the following table for regulating the amount of the dose, administered according to the age of the patient :—

For an adult, suppose the dose to be 1 or gr. 60			
Under 1 year,	will require only	.	1-12th ,, 5
„ 2	„	„	1-8th ,, 7½
„ 3	„	„	1-6th ,, 10
„ 4	„	„	1-4th ,, 15
„ 7	„	„	1-3rd ,, 20
„ 14	„	„	1-half ,, 30
„ 20	„	„	2-3rds ,, 40

Above 21, the full dose.

„ 65, the dose must be diminished in the inverse gradation of the above.

I would strongly recommend any nurse, able to afford it, to provide herself with a copy of a very valuable work, entitled “A Dictionary of Terms used in Medicine,” by Richard D. Hoblyn, as some acquaintance with the technical terms in use will enable her to take a much more intelligent interest in her work.

For the benefit of those who may be unable to afford the expense of procuring such a book, I have arranged from its pages the following list of explanations of those medical terms in most constant use :—

Abdo'men. The belly.

Abdo'minal. Concerning the belly.

Amussat's operation. Opening the colon in the left loin, and forming an artificial anus.

Anchylo'sis, or Ankylo'sis. A stiff joint.

A'neurism. A tumour in an artery.

A'nus. The opening of the bowel.

Aræo'meter. An instrument by which the specific gravity of fluids can be tested.

Asphyxia. Suffocation, or breathlessness.

Auscultation. Listening to internal sounds either with or without the stethoscope.

Bis'toury. A small curved knife used by surgeons.

Bron'chi. Bronchial tubes.

Bron'chial. Concerning the bronchial tubes.

Bronchi'tis. Inflammation of the bronchi.

Ca'lculus. Stone or gravel.

Ca'ries. Rottenness or decay.

Cathe'ter or Kathe'ter. A tube for drawing the urine from the bladder.

Cau'tery. The iron used for cauterizing to stop hæmorrhage, &c.

Ce'rebrum. The chief portion of the brain.

Ce'rebritis. Inflammation of the cerebrum.

Chore'a. Derangement of the motor nerves, causing irregular jerking movements.

Clavicle. The collar-bone.

Clin'ical lectures. Bedside lectures.

Coc'cyx. The lower end of the spine.

Co'chlea. A part of the ear.

- Co'lic, or Kolic.** A pain in the bowels.
- Co'lon, or Kolon.** The large intestine.
- Co'ma, or Koma.** Torpor, or insensibility.
- Conge'nital.** Born with congenital disease.
- Conges'tion.** Fulness or stagnation of blood.
- Constipa'tion, or costiveness.** Confinement of the bowels.
- Conta'gion.** Poison by touch.
- Contu'sion.** A bruise.
- Crepita'tion.** The grating of the edges of a broken bone.
- Croup.** Inflammation of the windpipe.
- Cy'stis, or Kystis.** The bladder.
- Cysti'tis.** Inflammation of the bladder.
- Diabe'tes.** A disease causing an undue amount of saccharine urine.
- Dia'phragm.** The membrane separating the chest from the abdomen.
- Di'gitus.** A finger or toe.
- Di'rector.** A grooved instrument, used to direct a knife.
- Disloca'tion.** Displacement of a bone from its socket or natural position.
- Dor'sum.** The back.
- Drachm.** The eighth part of an ounce.
- Dry cupping.** The act of cupping without drawing blood.
- Duode'num.** Part of the intestine.
- Ec'zema, or Ekzema.** A disease of the skin.

Effu'sion. The escape of fluid from its proper channel into another part.

Emphy'sema. Escape of air into the tissues of skin.

E'nema. Injection of food or medicine into the bowels.

Epider'mis. The outer skin.

Epigas'trium. The upper part of the abdomen.

Epistax'is. Bleeding from the nose.

Erysi'pelas. Inflammation of the skin accompanied with a low type of fever.

Ery'thema. An inflammatory redness of the skin.

Fe'mur. The thigh-bone.

Fis'tula. A pipe-like sore.

Forceps. Pincers.

Fracture. Simple fracture, when the bone only is broken. Compound fracture, when the bone has pierced the skin.

Gan'glion. A tumour under the skin.

Gan'grene. The first stage of mortification.

Glot'tis. The mouth of the windpipe.

Goitre, or Gotre. A swelling on the throat.

Hæmate'mesis. Vomiting blood.

Hæmatu'ria. Passing blood with the urine.

Hæmo'ptysis. Bleeding from the lungs.

Hæmorrha'gia. Hæmorrhage—bleeding.

Hæmorrha'gic diathesis. A constitutional tendency to bleed violently after wounds or operation.

Hæmorrhoids. Piles.

Her'nia. Commonly called rupture.

Hernio'tomy. Cutting for hernia.

Hu'merus. The single bone of the arm between the shoulder and elbow.

Hy'drocele. A watery tumour.

Hydroke'phalus, or Hydrenkephalus. Water in the head.

Hypoder'mic injection. An injection through and under the skin by means of a small syringe. A means of injecting morphia for the relief of pain.

Il'eum. Part of the small intestine.

Ili'a. The loins.

Inanition. Exhaustion—starvation.

Is'chium. The hip-bone.

Katame'nia, or Catamenia. The monthly discharge.

Kataplas'ma. Poultice.

Kephal'i'tis. Inflammation of the head.

Kleptoma'nia. A mania for stealing.

Lacta'tion. Suckling.

La'rynx. The superior parts of the trachea.

Laryngot'omy. See Tracheotomy.

Lithot'omy. The operation of cutting into the bladder for stone.

Lithot'rity. The operation of crushing a stone in the bladder.

Li'thotrite. The instrument used in crushing the stone.

Lotio. Lotion.

Lupus. A slow tubercular affection, commonly of the face.

Menorrha'gia. Excessive menstruation, or uterine hæmorrhage.

Menses. The courses.

Menstruation. The same.

Micturi'tion. The act of making water.

Nares. The nostrils.

Necro'sis. Mortification of the bones.

Obstet'ric. Belonging to midwifery.

Œ'dema. A dropsical swelling.

Œsoph'agus. The gullet.

Ophthal'mia. A disease of the eyes.

Ovarioto'my. The operation of removing the ovarium.

Parakente'sis. Tapping for dropsy.

Parturi'tion. Child-bearing.

Patella. The knee-pan.

Pathol'ogy. Investigating the nature of diseases.

Pelvis. The bony cavity of the trunk.

Pericar'dium. Membrane of the heart.

Pericarditis. Inflammation of the pericardium.

Perinæ'um. The inferior part of the trunk of the body, in which are situated the urethra and anus.

Perios'teum. The membrane which surrounds the bones.

Perios'titis. Inflammation of the periosteum.

Pha'rynx. A musculo-membranous bag at the back part of the mouth.

Phlebi'tis. Inflammation of the veins.

Phlebolithe. A vein stone.

Placen'ta. The afterbirth.

Pleura. The membranes which enclose each lung.

Pleuritis, or Pleu'risy. Inflammation of the pleura.

Pneumo'nia. Inflammation of the substance of the lungs.

Pro'bang. A long piece of whalebone with sponge at the end.

Probe. An instrument for trying the depth of wounds.

Prolap'sus. Falling down of any part.

Pyæ'mia. Literally, pus in the blood.

Ri'gor. Coldness, attended with shivering.

Scalpel. A straight knife used in surgery.

Scap'ula. Shoulder-blade.

Sciat'ica. Hip-gout.

Scirrhus. Cancer.

Sin'apism. Mustard plaster.

Spat'ula. An instrument for spreading salve.

Spe'culum. A glass : an instrument for facilitating the examination of parts, and for operation on them.

Spina bifida. The cleft spine, in which affection some of the vertebræ are cleft or deficient.

Spleen. An organ on the left side of the stomach.

Ster'num. The breast-bone.

Ste'thoscope. An instrument for listening to internal sounds.

Stricture. A contracted state of some part.

Suture. The silk or wire used for sewing a wound together.

Syn'cope. Fainting.

Ta'lipes. Clubfoot.

„ varus. Clubfoot inward.

„ valgus. „ outward.

Tenac'ulum. A hook to hold bleeding vessels.

Tib'ia. The great bone of the leg.

Trache'a. The windpipe.

Tracheotomy. The operation of making an opening into the windpipe.

Trephining. The operation of removing a circular piece of bone from the skull.

Tro'car. An instrument used in tapping.

Ulna. The large bone of the forearm.

Umbil'icus. The navel.

Urethra. The excretory canal from the bladder.

U'terus. The womb.

Uvula. The pendulous body which hangs from the soft palate.

Zymot'ic. A term applied to those diseases which seem occasioned by poison, which breeds in the body.

THE END.





